



Town of Groton Community Garden

Registration Form

Gardener: _____
Last Name First Name Middle Initial

Gardener Address: _____
Number and Street Name Apt. # City/Town Zip Code

Phone numbers:: _____
Home Cell

Gardener's e-mail: _____

Do you want a more experienced gardener to help you get started & answer your questions? ☐ Yes ☐ No

If you are an experienced gardener, could you help a new gardener and answer their questions? ☐ Yes ☐ No

Number of Plots _____ x \$25 = Total Plot Fees \$ _____

Make checks payable to "Groton Parks and Recreation"

I agree to release, hold harmless and waive any claims that might arise against the Parks and Recreation Department, the Town of Groton, and its officials, representatives, agents and employees on account of any and all injuries and claims of injury to person while participating in said activity. I also hereby give my permission to the Town to use any photographs, motion pictures, recordings, or any other media record of said activities in which I appear for any lawful purpose.

I certify that I have read and agree to follow all Groton Community Garden Rules and Regulations.

Signed: (Gardener responsible for plot) _____
Name Date

Groton Parks and Recreation Department
27 Spicer Avenue, Noank, CT 06340-5659
Groton, CT 06340
860-536-5680